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** CONTINUING DATA *****

PL

** FOREIGN APPLICATIONS *****

PL JOK

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING 5	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>PL</i> allowance				

ADDRESS

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TITLE

Composition for treating diseased liver

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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